

INTERPROFESSIONAL GERIATRICS CURRICULUM (IPGC)

Objective:

Students will work in interprofessional (IP) teams that include seven students, an IP faculty and an older adult resident at a community-based senior housing facility to (1) learn fundamentals of geriatric health care; (2) better appreciate the opportunities for and barriers to obtaining healthcare; (3) understand team-based health care; and (4) learn how a home visit enhances the holistic understanding of the older adult. The students will meet with the senior adult at three different sessions, perform IP health assessments and provide health education to the older adults.

DATES / ROTATION SCHEDULE			
Orientation Date: September 9, 2016 Location: Alhambra Campus 1000 S. Fremont Avenue, Alhambra, California 91803 Time: 12:30 - 4:30 p.m.			
Teams 1-6 Little Lake Village 10902 Fulton Wells Avenue Santa Fe Springs, Calif. 90670 September 16, 2016 November 18 2016 January 20, 2017	Teams 7-12 Culver City Senior Housing 5166 Sepulveda Boulevard Culver City, Calif. 90230 September 16, 2016 November 18 2016 January 20, 2017	Teams 13-18 Vineland Avenue Senior Housing 4900 Vineland Avenue North Hollywood, Calif. 91601 October 7, 2016 December 2, 2016 February 3, 2017	
Wrap-up: February 24, 2017 Location: Alhambra Campus 1000 S. Fremont Avenue, Alhambra, California 91803 Time: 12:30 -4:30 p.m.			
Site visits Fridays 1:00 – 5:00 p.m.			
1:00 – 1:45	Faculty/student didactic	3:30 – 4:00	IP team small group meeting
1:45 – 2:15	IP team small group pre-meeting	4:00 – 4:30	IP large group meeting
2:15 – 3:30	In-home visits with elder residents	4:30 – 5:00	Wrap-up/final comments

IPGC LEARNING OBJECTIVES

1. Develop an understanding of an **interprofessional team approach** through experiential learning with older adult care. Learning about the integral role that each discipline adds to older adult care by using an older adult as a model.
2. Describe and assess **baseline and current functional abilities** (basic and instrumental activities of daily living) in an older adult by collecting historical data and performing a confirmatory physical exam.
3. Develop a **medication reconciliation plan** including:
 - Document an older adult's complete medication list including prescribed, herbal and over the counter (OTC) medications. Provide the dose, frequency, indication, benefit, and side effect. Conduct an assessment of adherence.
 - Identify medications that should be avoided or used with caution in older adults.
 - Explain the impact of age-related changes in renal and hepatic function, body composition and central nervous system sensitivity in the elderly.
4. Develop an understanding of the contribution of oral health to the systemic health and well-being of the older adult including the importance of regular ongoing assessments and treatment for intra-oral infection, lesions and functionality of the oral cavity in nutritional intake and psychosocial roles.
5. Perform and interpret a **cognitive assessment** in older adults for whom there are concerns regarding memory or function.

6. Assess the physical **home environment** and identify potential home modifications and/or behavioral changes to improve safety and ease of daily living. Assess for fall risk, including functional assessments and observing the resident rise from a chair and move around their home environment.
7. Identify the **psychological, social and spiritual needs of older adults** and their family members, and link these identified needs with the appropriate interdisciplinary team members and resources.
8. Develop a **preliminary management plan** for older adults presenting with functional deficits, including adaptive interventions and involvement of interdisciplinary team members from multiple disciplines.
9. Students will gain understanding of areas of clinical expertise and scope of practice of team members.

Goal:

To provide the health care students with inter-professional clinical training in the care of an older adult in a community based senior housing facility, recognizing the critical role of collaborative health care for the maximal well-being of the person.

Each team will:

- Work in teams of 7 students, representing a variety of USC health disciplines
- Be assigned an IP faculty mentor
- Be on site 3 times a year
- Include an older adult resident

EDUCATIONAL THEMES

Overall health status

- Health History,
- Cognition,
- Gait, strength, flexibility, and mobility,
- Functional performance of daily living,
- Medication reconciliation,
- Oral health assessment,
- Biopsychosocial Spiritual assessment.

1. Polypharmacy

- Dentistry - Medications (anticoagulants, bisphosphonates, steroids and immunosuppressants, cardiovascular drugs) and medical conditions that require modifications
- MD/PA- Medical history and exam, and evaluation of medications
- OT - Systems that can be employed to assist in adherence, such as pill boxes and drug calendars. Functional assessment to identify how medications and associated side effects impact daily activity
- Pharmacy - Age-associated changes in pharmacokinetics and pharmacodynamics; how medication is taken; potential interactions, adherence and complexity of regimen
- PT - Effect of medications on mobility, balance, and fall risk, such as hypotension and bradycardia

health care and treatment (including prescribed, OTC, complementary, alternative treatments, and financial resources)

2. Keeping Your Memory Fit

- MD/PA - Overview of mood and cognition (Mini-Cog, MoCA, GDS), thorough medical history
- OT - Evaluation of functional cognition in daily life and remediation/adaptation strategies to ensure engagement and safety
- Pharmacy - Medication reconciliation, which medications are most associated with cognitive impairment, ability to adhere to regimen and to report adverse effects
- PT - Evaluation of safety awareness, safe utilization of assistive devices, and impact of regular activity on mental health status
- SW - obtain history and assess precipitating stressors and current factors impacting cognitive function

3. Home Safety

- MD/PA - Medical history, exam, risk assessment, and morbidity mortality associated with falls
- OT - Home evaluation (including family/community access) and recommendations for safe and functional engagement in daily life (modifications and equipment)

- SW - Assess individual and caregiver expressed beliefs and help-seeking behaviors regarding
- Pharmacy - Medication reconciliation and drug related factors that put patients at risk for falls
- PT - Home safety assessment and recommendations (stairs, handrails, ramps, bathroom equipment), balance and vestibular assessment, and Timed Up and Go (TUG)
- SW - Assess economic and biopsychosocial challenges and facilitators in maintaining home safety (includes community assessment; abuse/neglect assessment)

5. Nutrition and Oral Health

- Dentistry - Evaluate oral hygiene for natural teeth and prostheses; assess for future cavities; identify possible effects of systemic medications and medical conditions on the oral cavity
- MD/PA - Overview of diet history, evaluation of common causes of weight loss, nutritional screening, and common issues that impact nutrition in older adults
- OT - Balance nutritional intake, impact of daily activity on healthy eating practices, functional and behavioral feeding issues
- Pharmacy - Medications that affect appetite, taste, weight, or cause dry mouth
- PT- Nutritional adequacy for function and bone health
- SW - Assessment of personal and financial resources and providers; psychosocial issues; abuse, neglect, and dependency

6. Community Resources

Please see website for additional resources